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1. NAME OF COMMITTEE (in t	TYPE OR F		ample: If typing, typer the lines.	12FE4M5	d
MORKING	1P1E101P121E1	1PBC		111111	<u> </u>
ADDRESS (number and	street) / 2 2	BROADWA	4 15171		
Check if diffe than previous reported. (AC	slv .	EIRISIDIAILIEI I			2.2.2.3-
2. FEC IDENTIFICA	ATION NUMBER V	CITY A		STATE A	ZIP CODE ▲
C D, O, S, 6	5,6,0,1,8	3. IS THIS REPORT	NEW (N)	OR AMEN	IDED
4. TYPE OF REP (Choose One)	Rep				(Non-Election Year Only) (Mg) Dec 20 (M12)
(a) Quarterly Rep	orts:	Apr 20 (M4)			Year Only)
Quarterly July 15	Report (Q1) (c)	12-Day PRE-Election	Primary (12P)	General (12	G) Runoff (12R)
October		Report for the:	Convention (12C)	Special (128	
January Year-End	31 I Report (YE)	Election on		/ (Y V Y V Y V Y	in the State of
July 31 I Report (I Year Onl	Non-election (u)	30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Terminati (TER)	ion Report	Election on	M V M / D V () / Y · Y	in the State of
5. Covering Period		1 2014	through	12 31	2014
Type or Print Name of Treasurer $CARL$ $Report$ and to the best of my knowledge and belief it is true, correct and complete.					
type or Print Name of	reasurer <u>C H I</u>	<u> </u>	ROBB	<i>r</i> _ <i>i</i>	15
Signature of Treasurer Que Able Date 72 20 120 1					

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.